



## **PRISMS Contribution Form**

Please mail this form with your donation to:

**PRISMS, Inc.  
PO Box 206528  
Dallas, TX 75320-6528**

**Name(s):** \_\_\_\_\_  
*(Mr./Mrs./Ms., First, Last names- as you would like to be recognized in the Annual Report)*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Primary Phone # (s):** \_\_\_\_\_  
*(Please specify type as Home, Cell, and/or Work)*

Enclosed please find a contribution in the amount of \$ \_\_\_\_\_

### **Contribution Information (please indicate which one applies)**

- This contribution is unrestricted. All funds can be used to support PRISMS programs and operations.  
 This contribution is for the following purpose: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

*Thank you for your generous support!*

### **Payment Information**

Enclosed is my : \_\_\_\_ Check (Check # \_\_\_\_\_)

Please charge my credit card \_\_\_\_ Visa \_\_\_\_ Mastercard

**Card #:** \_\_\_\_\_

**Name on card (print):** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please return this form with your contribution to:  
**PRISMS, Inc. PO Box 206528, Dallas, TX 75320-6528**

*We appreciate your support and participation!*